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Potential persons who are to respond to the collection of information

1972 (6- contained in this form are not required to respond unless the form

displays a currently valid OMB control number.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 1

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DAT	E RECEIVED				

Name of Offering ([] check if this is an amendment and name has changed, an change.)	
Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X ] Rule 506	[ ] Section 4(6) [ ] ULOE
Type of Filing: [ X] New Filing [ ] Amendment	PROCESSED  Socials 2004
A. BASIC IDENTIFICATION DATA	JUL 11.3 2001
Enter the information requested about the issuer	THOMSON FINANCIAL
Name of Issuer ([ ] check if this is an amendment and name has changed, and SUNSET BRANDS INC.	d indicate change.)



Jurisdiction of Incorporation	on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [N][V]
Actual or Estimated Date	Month Year of Incorporation or Organization: [ 11 ] [ 03 ] [X ] Actual [ ] Estimated
	Month Voor
[ ] business trust	[ ] limited partnership, to be formed
[X] corporation	[ ] limited partnership, already formed [ ] other (please specify):
Type of Business Organiz	zation
Brief Description of Busin CONSOLIDATOR OF SE MARKET	ess LECT BUSINESSES IN THE LOW-CARBOHYDRATE FOODS
Address of Principal Busin Telephone Number (Inclu (if different from Executive	· ·
Telephone Number (Inclu 310-478-4600	ding Area Code)
	ces (Number and Street, City, State, Zip Code) STE 1220 LOS ANGELES, CA 90024

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X	Beneficial Owner		Executive Officer	[X ]	Director [	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al) SANDERS, (	CHARI	LES TODD			
Business or Residen 10990 WILSHIRE BI					)		
Check Box(es) that Apply:	[ ] Promoter [	] Beneficial Owner		Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last nam	ne first, if individue	al)	***********		********		
Business or Residen	ce Address (Num	ber and Street,	City, S	State, Zip Code	)		
Check Box(es) that Apply:	[ ] Promoter [	] Beneficial Owner		Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al)				•••••	•••••
Business or Residen	ice Address (Num	ber and Street,	City, S	State, Zip Code	)		
Check Box(es) that Apply:	[ ] Promoter [	] Beneficial Owner		Executive Officer	[]	Director [ ]	General and/or Managing Partner
*******************************							eccencenterenter.

		***************	t, City, State, Zip Co	ue)	overere e
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer		eneral and anaging rtner
Full Name (Last nam	ne first, if individ	ual)			erronerr
Business or Residen	ıce Address (Nu	mber and Stree	t, City, State, Zip Co	de)	
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer		eneral and anaging rtner
Full Name (Last nam		•			
Business or Residen	nce Address (Nu	mber and Stree	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:				[ ] Director [ ] Ge Ma	eneral and anaging rtner
Full Name (Last nam	ne first, if individ	ual)			
Business or Residen	nce Address (Nu	mber and Stree	t. Citv. State. Zip Co	de)	
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(Use blank sh	eet, or copy an	d use addition	al copies of this sh		
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1. Has the issuer sole	B. INFO	ORMATION AB	al copies of this sh	eet, as necessary.)	
1. Has the issuer sole	<b>B. INFo</b> Id, or does the is	ORMATION AB	al copies of this sh	eet, as necessary.)	Yes N
1. Has the issuer sole	B. INFO	ORMATION ABout the same of the	OUT OFFERING sell, to non-accredited	d investors in this	
Has the issuer solution offering?	B. INFO  Id, or does the is  Answer als  num investment	ORMATION ABout the second of t	OUT OFFERING  sell, to non-accredited  Column 2, if filling unce	d investors in this	[][
1. Has the issuer solo offering?  2. What is the minim  3. Does the offering of the informat directly or indirectly, connection with sales person or agent of a the name of the brok	B. INFO  Id, or does the is  Answer als  num investment  permit joint own tion requested for any commission as of securities in broker or dealer, If researched.	DRMATION AB ssuer intend to so o in Appendix, Co that will be acce ership of a single or each person we not or similar remunant the offering. If or registered with more than five (5	OUT OFFERING  Column 2, if filing und peter from any individual peter of the self of the s	d investors in this  der ULOE.  dual?  be paid or given, ion of purchasers in is an associated in a state or states, list.	\$225,00 Yes N
1. Has the issuer solo offering?  2. What is the minim  3. Does the offering of the informat directly or indirectly, connection with sales person or agent of a the name of the brok persons of such a browness of such	B. INFO	or each person vor en or similar remunity of the offering. If or registered with more than five (5 you may set fortes.	OUT OFFERING  Column 2, if filing und peter from any individual peter of the self of the s	d investors in this  der ULOE.  dual?  be paid or given, ion of purchasers in is an associated in a state or states, list dare associated	\$225,00 Yes N

Name	of Asso	ciated E	Broker o	Dealer								
States	s in Whic	ch Perso	n Listed	l Has Sc	licited o	r Intends	to Solic	it Purcha	sers			**
(Chec	k "All	States"	or chec	k indiv	idual St	ates)				[	] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	ame (La				al)					*******		v.
		esidenc	e Addre	ss (Num	ber and			te, Zip Co	ode)			
	of Asso	ciated E	Broker o	Dealer		************		~~~				
States	s in Whic	ch Perso	n Listed	Has So	licited or	r Intends	to Solic	it Purcha	sers			
(Chec	k "All	States"	or chec	k indiv	idual Sta	ates)				[	] All St	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	ist name	e first, if i	ndi∨idu	al)	***********	****************	********	***********	*******		
								te, Zip Co				
	of Asso											
States	s in Whic	ch Perso	n Listed	Has So	licited or	r Intends	to Solic	it Purcha	sers			
(Chec	ck "All	States"	or chec	k indiv	idual St	ates)		• •		· [	] All St	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>1.</sup> Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$0
Equity	\$ 0	\$0
[ ] Common [ ] Preferred		
Convertible Securities (including warrants)	\$6,300,000	\$0
Partnership Interests	<b>\$</b> 0	\$0
Other (Specify).	\$ 0	\$0
Total	\$6,300,000	\$0
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number	Aggregate Dollar Amount of
	Investors	Purchases
Accredited Investors	0	\$ 0
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	0	\$0
Regulation A	0	\$0
Rule 504	0	\$0
Total	0	\$ 0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	[] \$ [X]\$	5 0 5 5,000
Thinking and Englating 9000 minimum.	ι / , ] Ψ	-,000

Legal Fees	-	] \$ 50,000 ] \$ 50,000
<u> </u>	=	-
Engineering Fees		\$ O
Sales Commissions (specify finders' fees separately)	[]	
Other Expenses (identify)	[]	
Total	[ X	] \$105,000
b. Enter the difference between the aggregate offering price given in response to P Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$6,195,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments	
	to Officers, Directors,	
	& Affiliates	Payments To Others
Salaries and fees	[]\$0	[]\$0
Purchase of real estate	[]\$0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[]\$0
Construction or leasing of plant buildings and facilities	[]\$0	[]\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in		
	[]\$0	[X]\$3,000,000
Repayment of indebtedness	[]\$0	[X] \$310,000
· ·	[]\$0	[X]\$2,885,000

Column Totals .....

Total Payments Listed (column totals added) .....

[]\$0

[]\$0

[]\$0

[]\$0

[]\$0

[X] \$6,195,000

[X]\$6,195,000

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

SUNSET BRANDS, INC.

Name of Signer (Print or Type)

CHARLES TODD SANDERS

Signature

Catober
August 1, 2004

CHIEF EXECUTIVE OFFICER

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

***************************************	
E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Issuer (Print or Type)	Signature //	Date
SUNSET BRANDS, INC.		Ctober A <del>UGUS</del> T <u>I</u> , 2004
Name of Signer (Print or Type)	Title (Pønt or Type)	
CHARLES TODD SANDERS	CHIEF EXECUTIVE OFF	ICER

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2				•••••				
	Inten se to no accred investo Sta (Part Item	II on- dited ors in te t B-	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	T amo	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	•	Number of Accredited Investors		Number of Non- Accredited Investors	Amount	Yes	No
AL		Х		0	\$0	0	\$0	, 00	X
AK		Χ		0	\$0	0	\$0		Χ
ΑZ		Χ		0	\$0	0	\$0		Χ
AR		Χ		0	\$0	0	\$0		X
CA		Х	Up to \$6,300,000 aggregate amount of Series A Convertible Preferred Stock and Warrants to purchase Common Stock	0	\$0	0	\$0		X
СО		Χ		0	\$0	0	\$0		Х
СТ		Χ		0	\$0	0	\$0	1	Χ
DE		Χ		0	\$0	0	\$0	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Χ
DC		Χ		0	\$0	0	\$0		Χ
FL	and the second of the second se	Χ		0	\$0	0	\$0		Χ
GA		Χ		0	\$0	0	\$0		Χ
ΗΙ	*****	Χ		0	\$0	0	\$0		Χ
ID	*************	Χ		0	\$0	0	\$0		Χ
IL		Χ		0	\$0	0	\$0		Χ
IN		Χ		0	\$0	0	\$0		Χ
ΙA		Χ		0	\$0	0	\$0		Х
KS		Χ		0	\$0	0	\$0		Χ
KY	<u></u>	Χ		0	\$0	0	\$0		Χ

LA	X		0	\$0	0	\$0	Х
ME	Χ		0	\$0	0	\$0	Χ
MD	Χ		0	\$0	0	\$0	Х
MA	X		0	\$0	0	\$0	Χ
MI	Χ		0	\$0	0	\$0	Х
MN	Χ		0	\$0	0	\$0	Χ
MS	Х		0	\$0	0	\$0	Х
МО	Χ		0	\$0	0	\$0	X
MT	Х		0	\$0	0	\$0	Х
NE	Х		0	\$0	0	\$0	Χ
NV	Х		0	\$0	0	\$0	Х
NH	X		0	\$0	0	\$0	Χ
NJ	Х		0	\$0	0	\$0	Х
NM	Χ		0	\$0	0	\$0	Χ
NY	X	Up to \$6,300,000 aggregate amount of Series A Convertible Preferred Stock and Warrants to purchase Common Stock	0	\$0	0	\$0	Х
NC	Χ		0	\$0	0	\$0	Χ
ND	Χ		0	\$0	0	\$0	Х
ОН	Χ		0	\$0	0	\$0	X
ок	Х		0	\$0	0	\$0	X
OR	Χ		0	\$0	0	\$0	Χ
PA	X		0	\$0	0	\$0	Χ
RI	Χ		0	\$0	0	\$0	X
SC	Х		0	\$0	0	\$0	Χ
SD	Χ		0	\$0	0	\$0	Χ
TN	X		0	\$0	0	\$0	Χ
TX	Χ		0	\$0	0	\$0	Χ
UT	X		0	\$0	0	\$0	X
VT	X		0	\$0	0	\$0	Χ
VA	X		0	\$0	0	\$0	Χ
WA	X		0	\$0	0	\$0	Χ
WV	X		0	\$0	0	\$0	Χ
WI	X		0	\$0	0	\$0	Χ
WY	X		0	\$0	0	\$0	X
PR	Х		0	\$0	0	\$0	Х

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002